

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

National Federation of Independent Business

(b) Address (number and street) ☐ check if different than previously reported

1201 F Street NW

(c) City, State and ZIP Code

Washington

DC

20004

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
10 / 27 / 2008

through

M M / D D / Y Y Y Y
11 / 01 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Card Check

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Michael Maloney

(b) Address (number and street)

1201 F Street NW

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

Natl Fed of Independent Business

(e) Occupation

Director of Compliance

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

55500.40

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Michael Maloney

SIGNATURE Electronically Filed by Michael Maloney

DATE 10/28/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.